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field of general paralysis. To the question whether the two cases might not be considered as an acute infectious brain disease, the author thought that this was disproved by the long prodromal stage in one case and the failure of all evidences of infection at the examination of the internal organs. Also up to this time, as Fr. Schultze has pointed out, no fibre atrophy has been found in the brain in acute infectious diseases.

ROCQUES, *De l'alcoolisme et de la paralysie générale*, Thèse de Paris, 1891 No. 230.

For a number of years general paralysis and alcoholism have shown a progressively ascending scale in Paris. The curves of the two diseases show a parallel course. Authors are divided upon this question. Some (Foville, Garnier) think that alcoholism is the cause of this increase of general paralysis, while others (Lasègue, Bail, Christian and Ritti) on the contrary think that alcoholism is only an accompanying factor, a symptom of the initial period of general paralysis, during which the patient under a general excitement gives way to excess of drink. Rocques holds to this last opinion. When the alcohol is eliminated and the alcoholic delirium has disappeared, the general paralysis alone comes to observation and continues its slowly progressive course. There are a great many patients classed as alcoholics who should be classed as paralytics. This error in statistics shows the proportion of paralytics to be 20% of insane patients instead of 27% as it should be, and is the cause of a corresponding increase in the proportion of alcoholics. It is necessary to reserve a diagnosis at the outset, since the prognosis of alcoholism is often favorable, while that of general paralysis is fatal. The responsibility of the alcoholic is a subject of discussion, while that of the paralytic is fixed.

Although alcoholism and general paralysis increase with parallel steps in urban districts, such as the department of the Seine and that of the Rhone, and although they are both rare in agricultural regions such as Lozère, yet in certain alcoholic countries there is proof of the rarity of general paralysis. This is the case in Finisterre, one of the departments where alcoholism plays the greatest ravages, yet where general paralysis forms only 0.62% of the cases of mental disease. The same facts are observed in countries that are manifestly alcoholic, such as Ireland, Scotland, Sweden and Norway, and Canada. Alcoholism may lead at length to general paralysis, alcoholics may beget children predisposed later to general paralysis. When general paralysis develops in an alcoholic, it assumes a special form, pseudo-general paralysis (Westphal), which is distinguished by numerous characteristics and especially by the course of the disease. It may be cured, or it may relapse. True general paralysis recovers very exceptionally; remissions are observed, after which it continues. Pseudo-general paralysis may begin again.

REGIS, *Note sur le diagnostic différentiel de la lypémanie hypocondriaque et de la paralysie générale progressive*, Gazette médicale de Paris, 1890 (7) VII. 1,13.

Regis cites four cases in which there was difficulty in diagnosing between hypochondriacal melancholia and general paralysis. In his conclusions he gives the diagnostic points of different authors and then his own. The principal distinctive characteristics given by different authors are: 1. The hypochondriacal delusion of general paralysis has a particular stamp of absurdity, hebetude and incoherence. It appears suddenly, it is changeable and inconsistent. The patients do not argue and they speak without conviction, and they show but little zeal in complaining of their ills (Baillarger, Marcé, Voisin, Luys, etc).